

This is an application for an Alabama business entity to become licensed as an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$70 (\$20 application fee and \$50 license fee). Individuals must use the Application for Individual Producer License. Non-Alabama business entities please use the NAIC Uniform Application for Business Entity Non-Resident License/Registration. Mail to:

Alabama Department of Insurance
P.O. Box 830704
Birmingham, Alabama 35283-0704

Application for Business Entity Producer License (Alabama Domiciled Entities)

(Please Print or Type)

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ DBA/Trade Name (if applicable)		⑤ State of Domicile		⑥ Country of Domicile	
⑦ If applicable, NASD Firm Central Registration Depository (CRD) Number		⑧ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
⑨ Business Address		⑩ City		⑪ State	⑫ Zip or Foreign Country
⑬ Phone Number () -	⑭ Fax Number () -	⑮ Business Web Site Address		⑯ Business E-Mail Address	
⑰ Mailing Address		⑱ P.O. Box	⑲ City		⑳ State ㉑ Zip or Foreign Country

Designated/Responsible Licensed Producer

㉒ Identify at least one Designated/Responsible Licensed Producer (the designated producer(s) must be qualified for line of authority checked in Item 24 on page 2):

Name _____	SSN _____	-	-	Alabama License Number: _____
Name _____	SSN _____	-	-	Alabama License Number: _____
Name _____	SSN _____	-	-	Alabama License Number: _____
Name _____	SSN _____	-	-	Alabama License Number: _____
Name _____	SSN _____	-	-	Alabama License Number: _____

Owners, Partners, Officers and Directors

㉓ Identify all owners, partners, officers and directors of the business entity:

Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-

(State Use)

Application for Business Entity Producer License (Alabama-Domiciled Entities)

This is an application for Alabama business entities to become an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$70 (\$20 application fee and \$50 license fee).

②4 Please check the line(s) of authority for which you are applying:

V – Variable Life/Variable Annuity	L – Life	P – Property	C – Casualty	CR – Credit
H – Accident & Health or Sickness (Disability)	PL – Personal Lines	A – Automobile	BB – Bail Bond	MC – Motor Club
IF – Industrial (debit) Fire	RV – Rental Vehicle	DS – Dental Services	LS – Legal Services	

The Designated/Responsible Licensed Producer(s) identified in Item 22 on page one of this application must be qualified for each of the above-checked lines.

Background Information

②5 Please read the following very carefully and answer every question:

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___
 “Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance. Yes ___ No ___

3. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

4. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.

5. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

6. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

7. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

STATE OF ALABAMA – DEPARTMENT OF INSURANCE
Application for Business Entity Producer License (Alabama-Domiciled Entities)

Applicant's Certification and Attestation

26 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner of Insurance to be its agent for service of process regarding all insurance matters in the State of Alabama and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Alabama Commissioner of Insurance to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the State of Alabama to give any information it may have concerning this business entity to any federal, state or municipal agency, or any other organization and I release the State of Alabama and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Alabama.
7. **I am registered with the Alabama Secretary of State.**

**Must be signed by an officer, director, principal
or partner of the business entity:**

Month _____ Day _____ Year _____

Signature _____

Typed or Printed Name _____

Title _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Month _____ Day _____ Year _____

Original Applicant Signature _____

Full Legal Name (Printed or Typed) _____

Notary

27 Before me, the undersigned authority, personally appeared the above named applicant, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this _____ day of _____, 20____.

(SEAL)

NOTARY PUBLIC _____

Date Commission Expires _____

Attachments

28 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- Check for \$70 payable to "Commissioner of Insurance, State of Alabama"
- Attachments explaining "Yes" answers on page 2, if necessary.

Mail to: Alabama Department of Insurance
P.O. Box 830704
Birmingham, Alabama 35283-0704.

STATE OF ALABAMA – DEPARTMENT OF INSURANCE
Application for Business Entity Producer License (Alabama-Domiciled Entities)

STATE OF _____

COUNTY OF _____

SWORN AFFIDAVIT

I, _____ under the penalty of perjury do hereby
(Name)
swear to or affirm the following facts:

1. I declared Bankruptcy or have a judgement or lien against me in the State of
_____ in the year of _____.
(State) (Year)

2. None of the debts were monies owed to insurance companies or policyholders/consumer related to the business of insurance.

APPLICANT

DATE

Subscribed to and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires

***PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE
APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.**